

www.mass.gov/abcc

LICENSE NUI	MBER: 024400001		CITY OR TOWN	CONCORD)
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
DOING BUSIN	AME: CONCORD E NESS A I BAKER AVE.	LK'S CLUB INC.			
CITY/TOWN:		STATE: MA	ZIP CODE:	01742	
		TYPE OF LICENSE: Clu		ATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
LOUNGE ON LOUNGE ON I hereby certify 1. the 2. the	N OF LICENSED PRE LOWER LEVEL; BA LOWER LEVEL:BAN and swear under pena renewed license will b licensee has complied	NQUET ROOM ON SEC	COND FLOOR & E. COND FLOOR & E. same premises now nonwealth relating t	LKS BAR.	
SIGNED BY	Individual, Pa	rtner or Authorized Corpo	orate Officer		,
DATE:	TELEPI	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc	R IDENTIFICAT	
Acts of 2004,	signed by the buildin	e are in possession (1) the g inspector and the head te of liquor liability insu	l of the fire depart	ment for the	above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					
APPLICATION FOR	RENEWAL MUST BE FILED	BY LICENSEES DURING THE M	ONTH OF NOVEMBER (M	1.G.L. Ch. 138 \$ 16	(iA)



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	CITY OR TOWN	CONCORD)
Annual	LICEN	SED FOR 20	13
CLASS		•	YEAR
S OF BOSTON,LLC			
NT-PUBS			
•			
STATE: MA	ZIP CODE:	01742	
PE OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
-			
EBSITE AND ENTER YOUR EM	IAIL ADDRESS		
SES:			
D EXIT TO THE FR	ONT,2 EXITS IN F		
of perjury that:			
the same type for the	same premises now	licensed;	
	_	o taxes; and	
business (If not expla	in below)		
or Authorized Corpo	rata Officar		
of Authorized Corpo	rate Officer		
E NILIMDED.	EMPLOYER	RIDENTIFICATI	ION NUMBER
E NUMBER:			
spector and the head	of the fire departs	ment for the	above
	LOCAL LICENS	SING AUTHO	RITY
	By:		
			_
			_
	CLASS TS OF BOSTON,LLC NT-PUBS STATE: MA PE OF LICENSE: Res EBSITE AND ENTER YOUR EM SES: ST FLR; SERVICE K D EXIT TO THE FRO ND EXTENSION OF s of perjury that: the same type for the a all laws of the Comm business (If not expla	Annual CLASS TS OF BOSTON, LLC NT-PUBS STATE: MA ZIP CODE: PE OF LICENSE: Restaurant C. EBSITE AND ENTER YOUR EMAIL ADDRESS SES: ST FLR; SERVICE KITCHEN, RESTROD EXIT TO THE FRONT, 2 EXITS IN FIND EXTENSION OF DINING ROOM of perjury that: the same type for the same premises now all laws of the Commonwealth relating to business (If not explain below) To Authorized Corporate Officer E NUMBER: EMPLOYER (Note: NOT Inc.) In possession (1) the certificate requires spector and the head of the fire departs in possession (1) the certificate requires spector and the head of the fire departs in possession (1) the certificate requires the common of the possession (2) the certificate requires the common of the possession (3) the certificate requires the common of the possession (4) the certificate requires the common of the possession (1) the certificate requires the common of the possession (2) the certificate requires the common of the possession (3) the certificate requires the common of the possession (4) the certificate requires the common of the possession (5) the certificate requires the common of the possession (1) the certificate requires the common of the possession (2) the certificate requires the common of the possession (3) the certificate requires the common of the possession (4) the certificate requires the common of the possession (5) the certificate requires the common of the possession (6) the certificate requires the common of the possession (6) the certificate requires the common of the possession (6) the certificate requires the common of the possession (7) the certificate requires the common of the possession (7) the certificate requires the common of the possession (8) the common of the possession (8) the certificate requires the common of the possession (8) the certificate requires the common of the possession (8) the certificate requires the common of the possession (8) the certificate requires the common of the possession (8) the certificate requires the common of the possession (8) the certifi	CLASS TS OF BOSTON, LLC IT-PUBS STATE: MA ZIP CODE: 01742 PE OF LICENSE: Restaurant CATEGORY: EBSITE AND ENTER YOUR EMAIL ADDRESS SES: ST FLR; SERVICE KITCHEN, RESTROOMS, ONE ID EXIT TO THE FRONT, 2 EXITS IN REAR; BASE ND EXTENSION OF DINING ROOM SO OF perjury that: the same type for the same premises now licensed; all laws of the Commonwealth relating to taxes; and business (If not explain below) To r Authorized Corporate Officer E NUMBER: EMPLOYER IDENTIFICATE (Note: NOT Individual Social Section possession (1) the certificate required by Chapter spector and the head of the fire department for the Policy of Chapter 116 and 11 and 12 and 13 and 14 and 14 and 14 and 14 and 15 and 14 and 15 and 15 and 16



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 024400003		CI	ΓΥ OR TOWN	CONCORI)
APPLICATION	N FOR RENEWAL:	Annu	al	LICEN	ISED FOR 20	013
		CLAS	SS			YEAR
	AME: PAPA RIZZA TI NESS A PAPA RIZZO	RATTORIA OF	CONCOR	D		
ADDRESS 768	B ELM ST.					
CITY/TOWN:	CONCORD	STATE:	MA	ZIP CODE:	01742	
MANAGER:	ROMAN JR, TEFFRAIN	YPE OF LICEN	SE:Restaur	rant C	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		-
DESCRIPTION	N OF LICENSED PREM	IISES:				
ROOMS AND	S; TWO EXITS,TWO F COCKTAIL LOUNGE FLOOR. CELLAR FOR	ON MAIN FLO				
I hereby certify	and swear under penalti	es of perjury tha	.t:			
1. the 1	renewed license will be	of the same type	for the sam	ne premises nov	v licensed;	
2. the l	licensee has complied wi	ith all laws of the	e Common	wealth relating	to taxes; and	
3. the 1	premises are now open f	or business (If no	ot explain b	pelow)		
SIGNED BY	Individual, Partn	er or Authorized	l Corporate	Officer		
	·		•			
DATE:	TFI FPHC	ONE NUMBER:		EMPLOYE	R IDENTIFICAT	ION NUMBER:
	TEEETTE	TIE TIENIBER.		(Note: NOT In	dividual Social S	ecurity Number)
Acts of 2004,	signed, attest that we a signed by the building is and (2) the certificate	inspector and th	ne head of	the fire depart	ment for the	above
Please Check Belo APPROVED:				OCAL LICEN	SING AUTHO	ORITY
DISAPPROVE			Б	Sy:		
(If disapproved			-			
	- /		=			
DATE:			_			



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ON PREMISES LICENSE RENEWAL APPLICATION

DOING BUSINESS A MICHAEL'S RESTAURANT ADDRESS 208 FITCHBURG TPK CITY/TOWN: CONCORD STATE: MA ZIP CODE: 01742 MANAGER: DOCARMO,MAURITYPE OF LICENSE:Restaurant CATEGORY: All All CIO EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE STORY WOOD AND BRICK BLDG WITH FULL CELLAR, LAVATORIES,REAR DOOR FOR RECEIVING MERCHANDISE AND EXIT. RESTAURANT WITH ADJOINING DINING ROOMS,KITCHEN,WORK AREA AND CELLAR FOR STORAGE I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer EMPLOYER IDENTIFICATION NUMBER:	YEAR		CLASS RANT GROUP,INC.		
LICENSEE NAME: M. L. RESTAURANT GROUP, INC. DOING BUSINESS A MICHAEL'S RESTAURANT ADDRESS 208 FITCHBURG TPK CITY/TOWN: CONCORD STATE: MA ZIP CODE: 01742 MANAGER: DOCARMO, MAURITYPE OF LICENSE: Restaurant CATEGORY: All All CIO EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE STORY WOOD AND BRICK BLDG WITH FULL CELLAR, LAVATORIES, REAR DOOR FOR RECEIVING MERCHANDISE AND EXIT. RESTAURANT WITH ADJOINING DINING ROOMS, KITCHEN, WORK AREA AND CELLAR FOR STORAGE I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:		· ·	RANT GROUP,INC.	M I. RESTAURA	
DOING BUSINESS A MICHAEL'S RESTAURANT ADDRESS 208 FITCHBURG TPK CITY/TOWN: CONCORD STATE: MA ZIP CODE: 01742 MANAGER: DOCARMO,MAURITYPE OF LICENSE:Restaurant CATEGORY: All All CIO EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE STORY WOOD AND BRICK BLDG WITH FULL CELLAR, LAVATORIES,REAR DOOR FOR RECEIVING MERCHANDISE AND EXIT. RESTAURANT WITH ADJOINING DINING ROOMS,KITCHEN,WORK AREA AND CELLAR FOR STORAGE I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer EMPLOYER IDENTIFICATION NUMBER:	All Alcohol			M I. RESTAURA	
ADDRESS 208 FITCHBURG TPK CITY/TOWN: CONCORD STATE: MA ZIP CODE: 01742 MANAGER: DOCARMO,MAURITYPE OF LICENSE:Restaurant CATEGORY: All All CIO EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE STORY WOOD AND BRICK BLDG WITH FULL CELLAR, LAVATORIES,REAR DOOR FOR RECEIVING MERCHANDISE AND EXIT. RESTAURANT WITH ADJOINING DINING ROOMS,KITCHEN,WORK AREA AND CELLAR FOR STORAGE I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer EMPLOYER IDENTIFICATION NUMBER:	All Alcohol			W. E. RESTITORI	LICENSEE NAM
CITY/TOWN: CONCORD STATE: MA ZIP CODE: 01742 MANAGER: DOCARMO, MAURITYPE OF LICENSE: Restaurant CATEGORY: All All CIO EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE STORY WOOD AND BRICK BLDG WITH FULL CELLAR, LAVATORIES, REAR DOOR FOR RECEIVING MERCHANDISE AND EXIT. RESTAURANT WITH ADJOINING DINING ROOMS, KITCHEN, WORK AREA AND CELLAR FOR STORAGE I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:	All Alcohol		RESTAURANT	A MICHAEL'S RES	OOING BUSINES
MANAGER: DOCARMO, MAURITYPE OF LICENSE: Restaurant CATEGORY: All All CIO EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE STORY WOOD AND BRICK BLDG WITH FULL CELLAR, LAVATORIES, REAR DOOR FOR RECEIVING MERCHANDISE AND EXIT. RESTAURANT WITH ADJOINING ROOMS, KITCHEN, WORK AREA AND CELLAR FOR STORAGE I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:	All Alcohol			CHBURG TPK	ADDRESS 208 FI
EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE STORY WOOD AND BRICK BLDG WITH FULL CELLAR, LAVATORIES, REAR DOOR FOR RECEIVING MERCHANDISE AND EXIT. RESTAURANT WITH ADJOINING DINING ROOMS, KITCHEN, WORK AREA AND CELLAR FOR STORAGE I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:	All Alcohol	ZIP CODE: 01742	STATE: MA	NCORD	CITY/TOWN: C
DESCRIPTION OF LICENSED PREMISES: ONE STORY WOOD AND BRICK BLDG WITH FULL CELLAR, LAVATORIES, REAR DOOR FOR RECEIVING MERCHANDISE AND EXIT. RESTAURANT WITH ADJOINING DINING ROOMS, KITCHEN, WORK AREA AND CELLAR FOR STORAGE I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:		taurant CATEGORY:	ΓΥΡΕ OF LICENSE: Re	CARMO,MAURITYP	
DESCRIPTION OF LICENSED PREMISES: ONE STORY WOOD AND BRICK BLDG WITH FULL CELLAR, LAVATORIES, REAR DOOR FOR RECEIVING MERCHANDISE AND EXIT. RESTAURANT WITH ADJOINING DINING ROOMS, KITCHEN, WORK AREA AND CELLAR FOR STORAGE I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:					EMAIL ADDRES
ONE STORY WOOD AND BRICK BLDG WITH FULL CELLAR, LAVATORIES, REAR DOOR FOR RECEIVING MERCHANDISE AND EXIT. RESTAURANT WITH ADJOINING DINING ROOMS, KITCHEN, WORK AREA AND CELLAR FOR STORAGE I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:		IAIL ADDRESS	R WEBSITE AND ENTER YOUR E	PLEASE ALSO VISIT OUR WE	
FOR RECEIVING MERCHANDISE AND EXIT. RESTAURANT WITH ADJOINING DINING ROOMS, KITCHEN, WORK AREA AND CELLAR FOR STORAGE I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:			MISES:	LICENSED PREMIS	DESCRIPTION O
1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: EMPLOYER IDENTIFICATION NUMBER:		ANT WITH ADJOINING DININ	AND EXIT. RESTAUR	MERCHANDISE AN	FOR RECEIVING
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: EMPLOYER IDENTIFICATION NUMBER:			ties of perjury that:	swear under penalties	hereby certify and
3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:		•	* *		
SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:		•		•	
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:		in below)	for business (If not expl	ises are now open for	3. the prei
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:					
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUM		rate Officer	ner or Authorized Corpo	Individual, Partner	SIGNED BY
TELEPHONE NUMBER:					
TELEPHONE NUMBER:					
	ON NUMBER:	EMPLOYER IDENTIFICATION	ONE NUMBER:	TELEPHONI	DATE:
(Note: Note:	curity Number)	(Note: NOT Individual Social Se	ONE NUMBER.	TELETHON	
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the of 2010.	above	of the fire department for the a	inspector and the head	d by the building ins	Acts of 2004, sign named license an
Please Check Below: LOCAL LICENSING AUTHORITY		LOCAL LICENSING AUTHO			Please Check Below:
APPROVED: By:	RITY	70			
DISAPPROVED:	RITY	Ву:		1	OIG A DDD OVED
	RITY	Ву:		\ -:-\	
(II disapproved explain)	PRITY	Ву:		ain)	If disapproved ex
(II disapproved explain)	PRITY	Ву:		ain)	



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•	CITY OR TOWN CONCORL)
Annual	LICENSED FOR 20	013
CLASS		YEAR
ESTAURANT CORP		
iZZERIA		
•		
STATE: MA	ZIP CODE: 01742	
TYPE OF LICENSE: Rest	aurant CATEGORY:	Wine and Malt Regular
UR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	_
EMISES:		
JCTURE WITH BASEMI OR MEN AND WOMEN	ENT; SEATING FOR 22 CUST	OMERS.
lties of perjury that:		
e of the same type for the s	same premises now licensed;	
with all laws of the Comm	onwealth relating to taxes; and	
for business (If not explain	in below)	
tner or Authorized Corpor	rate Officer	
IONE NUMBER:	EMPLOYER IDENTIFICAT	
	(Note: 1101) Individual Social S	security Number)
g inspector and the head	of the fire department for the	above
	LOCAL LICENSING AUTHO	ORITY
	By:	
	_	
	Annual CLASS ESTAURANT CORP iZZERIA STATE: MA TYPE OF LICENSE: Rest CR WEBSITE AND ENTER YOUR EME EMISES: JCTURE WITH BASEMI OR MEN AND WOMEN Ities of perjury that: e of the same type for the se with all laws of the Comm for business (If not explain there or Authorized Corporation of the Comm IONE NUMBER: are in possession (1) the ginspector and the head	Annual CLICENSED FOR 20 CLASS ESTAURANT CORP IZZERIA STATE: MA ZIP CODE: 01742 TYPE OF LICENSE: Restaurant CATEGORY: UR WEBSITE AND ENTER YOUR EMAIL ADDRESS EMISES: JCTURE WITH BASEMENT; SEATING FOR 22 CUST OR MEN AND WOMEN Ities of perjury that: e of the same type for the same premises now licensed; with all laws of the Commonwealth relating to taxes; and for business (If not explain below) there or Authorized Corporate Officer IONE NUMBER: EMPLOYER IDENTIFICAT (Note: NOT Individual Social S) are in possession (1) the certificate required by Chapter g inspector and the head of the fire department for the te of liquor liability insurance required by Chapter 116



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 024400007		CITY OR TOWN CONCORD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: THE MERRY HIL	L CORPORATION	
DOING BUSINESS A COLONIAL INN	ſ	
ADDRESS 48 MONUMENT SQUARE		
CITY/TOWN: CONCORD	STATE: MA	ZIP CODE: 01742
MANAGER: DEMISCH, TYPE JURGEN	PE OF LICENSE: Innh	nolder CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EM	AIL ADDRESS
DESCRIPTION OF LICENSED PREMIS	SES:	
INN CONSISTING OF 5 BUILDINGS : ROOMS. THREE COCKTAIL ROOMS : FLOORS : OPEN AIR PORCH AREAS	ALL ON MAIN FLO	OR. 56 ROOMS ON VARIOUS
I hereby certify and swear under penalties	of perjury that:	
1. the renewed license will be of	* *	-
2. the licensee has complied with		_
3. the premises are now open for	business (If not explain	in below)
SIGNED BY Individual, Partner	or Authorized Corpor	rate Officer
,	·	
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	E I (CIVIBEI)	(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building ins	spector and the head	certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED: (If disapproved explain)		
(II disapproved explain)		
DATE:		



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LICENSE NU	MBER: 024400008		CITY OR TOWN	CONCORD)
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE N.	AME: MUSKETAQU	JID SPORTSMEN'S CL	LUB, INC		
DOING BUSI	NESS A				
ADDRESS OF	FF OLD MILL ROAD				
CITY/TOWN:	CONCORD	STATE: MA	ZIP CODE:	01742	
MANAGER:	NIGRO, ANTHONY J. JR.	TYPE OF LICENSE: C	lub C	ATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		1
DESCRIPTIO	N OF LICENSED PRE	EMISES:			
KITCHEN,RE		BASEMENT; MEETING, BAR,STORAGE ROCAND ONE EXIT		OOR. 3 ENTR	ANCES
I hereby certify	y and swear under pena	ulties of perjury that:			
1. the	renewed license will be	e of the same type for th	e same premises now	v licensed;	
2. the	licensee has complied	with all laws of the Com	nmonwealth relating t	to taxes; and	
3. the	premises are now oper	n for business (If not exp	lain below)		
SIGNED BY	Individual. Pa	rtner or Authorized Corp	oorate Officer		
DATE:	TEI EDL	HONE NUMBER:	EMPLOYE!	R IDENTIFICAT	ION NUMBER:
	TELETT	IONE NOWIDER.		dividual Social S	
Acts of 2004,	signed by the buildin	e are in possession (1) the are in possession (1) the g inspector and the heate of liquor liability ins	ad of the fire depart	ment for the	above
Please Check Bel	ow:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVI					
(If disapproved	a explain)				
DATE:					
DAIL.					



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LICENSE NU	MBER: 024400009		C	II Y OK IOW	N CONCORL	,
APPLICATIO	N FOR RENEWAL	: Annu	al	LICI	ENSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE N.		ROD & GUN CLUE	B INC.			
	STRAWBERRY H	II I POAD				
			3.64	ZID CODE	01710	
CITY/TOWN:	: CONCORD	STATE:	MA	ZIP CODE:	01742	
MANAGER:	ANDERSON, CHARLES F.	TYPE OF LICEN	SE:Club		CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:					
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER	YOUR EMAI	L ADDRESS		-
DESCRIPTIO	N OF LICENSED P	REMISES:				
CLUBROOM, RESTROOMS	, KITCHEN, ENTR' S INDOOR RANGE	TH BASMENT 1ST F Y HALL, 2 STORAC , AMORY, CARD RI JTSIDE PATIO, OU	E LOCK M AND L	ERS. BASEM OUNGE SEP.	NT 2 STORA C	
I hereby certify	y and swear under po	enalties of perjury tha	t:			
1. the	renewed license wil	l be of the same type	for the sa	me premises no	ow licensed;	
2. the	licensee has compli	ed with all laws of the	Commo	nwealth relatin	g to taxes; and	
3. the	premises are now of	pen for business (If no	ot explain	below)		
SIGNED BY		Partner or Authorized	l Corpora	te Officer		
DATE:	TELE	DUONE NUMBER.		EMPI OX	'ER IDENTIFICAT	ION NUMBER:
	TELE	PHONE NUMBER:			Individual Social S	
Acts of 2004,	signed by the build	we are in possession ling inspector and th cate of liquor liabili	ne head o	f the fire depa	rtment for the	above
Please Check Bel	ow:			LOCAL LICE	NSING AUTHO	ORITY
APPROVED:				By:		
DISAPPROV				•		
(If disapprove	d explain)					
DATE:						



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LICENSE NUMBER: 024400011	C	TITY OR TOWN CONCOR	RD.
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: NASHAWTUC C DOING BUSINESS A ADDRESS 1861 SUDBURY ROAD	COUNTRY CLUB, INC.		
CITY/TOWN: CONCORD	STATE: MA	ZIP CODE: 01742	
MANAGER: SHULTZ,RICHARD TY	PE OF LICENSE: Club	CATEGORY	: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PREMI CLUBHOUSE; 2 ENTRANCES AND E FROM DINING ROOM. 2 ENT/EXITS FLR; DINING ROOM,GRILL ROOM,N FLR;LOCKER ROOM,STORAGE,PAT	EXITS FROM GRILL RO FROM MEMBER'S LO MEMBERS LOUNGE,O	DOM,3 ENTRANCES AND JUNGE. 2 STORY WOOD E FFICE AND RESTROOMS.	LDG. 1ST
 I hereby certify and swear under penaltie the renewed license will be of the licensee has complied wit the premises are now open fo 	f the same type for the sa th all laws of the Commo	nwealth relating to taxes; and	[
SIGNED BY Individual, Partne	er or Authorized Corpora	te Officer	
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	nspector and the head o	f the fire department for th	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	HORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	024400015		CITY OR TOW	N CONCORI	D
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	ARTICHOQ, INC				
DOING BUSINESS A	A VINTAGES, AD	VENTURES IN WIN	NE .		
ADDRESS 053-55 CO	OMMONWEALTH	I AVE			
CITY/TOWN: CON	CORD	STATE: MA	ZIP CODE:	01742	
MANAGER: BROE	GE, ERIC TY	PE OF LICENSE: Pac	kage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF L					
1050 SQ. FT. OF RET STRUCTURE.	TAIL SPACE WIT	H 1400 SQ.FT. BASI	EMEN T STORAG	GE IN ONE ST	TOREY
I hereby certify and sw	vear under penaltie	s of perjury that:			
1. the renewe	d license will be of	the same type for the	same premises no	ow licensed;	
2. the licensee	e has complied with	all laws of the Comr	nonwealth relating	g to taxes; and	
3. the premise	es are now open for	business (If not explain	ain below)		
SIGNED BY	Individual Partner	or Authorized Corpo	orata Officar		
	marviduai, Farmer	of Authorized Corpo	rate Officer		
DATE:	TELEPHON	IE NUMBER:	EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEEE TIOT	E I CIVIBEI	(Note: NOT	Individual Social S	Security Number)
Please Check Below:			LOCALLICE	NGING ALITH	ODITY
APPROVED:			LOCAL LICES By:	NSING AUTH	OKII I
DISAPPROVED:			By.		
(If disapproved explai	n)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 024400016		CITY OR TOWN CONCOR	RD.
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSIN		ORD SUPER MARKET	, INC.	
CITY/TOWN:		STATE: MA	ZIP CODE: 01742	
MANAGER:	MANDRIOLI, PETER J JR	TYPE OF LICENSE: Pa		: Wine and Malt Regular
EMAIL ADDR	RESS:			
ONE STORY I SALES ROOM I hereby certify 1. the 2. the	1 DOORS 7 and swear under penarenewed license will be licensee has complied	FOR SALES,3 STORAG alties of perjury that: we of the same type for the	e same premises now licensed; amonwealth relating to taxes; and lain below)	
SIGNED BY	Individual, Pa	rtner or Authorized Corp	oorate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUTI By:	HORITY
DATE:				

 $APPLICATION \ FOR \ RENEWAL \ MUST \ BE \ FILED \ BY \ LICENSEES \ DURING \ THE \ MONTH \ OF \ NOVEMBER \ (M.G.L.\ Ch.\ 138\ \$\ 16A)$



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 024400018		CITY OR TOV	VIN CONCOR	D
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	WEST CONC	CORD LIQUOR STORE	, INC.		
DOING BUSINESS A	A Concord Wi	ne & Spirits			
ADDRESS 1216 MA	IN STREET				
CITY/TOWN: CON	CORD	STATE: MA	ZIP CODE	: 01742	
MANAGER: SAIA	, JOSEPH C	TYPE OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
F	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF I	ICENSED PR	EMISES:			
60x60 one floor, entra 40x50 for sales, loft of		or customers and two entro orage	rances in rear for d	elilveries. Front	room
	es are now ope	d with all laws of the Coren for business (If not exp	olain below)	ng to taxes; and	
	Individual, Pa	artner or Authorized Cor	porate Officer		
DATE:	TELEP	HONE NUMBER:		YER IDENTIFICA	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 024400019		CITY OR TOWN CONC	CORD	
APPLICATION FOR RENEWAL:		Annual	Annual LICENSED FOR		
		CLASS		YEAR	
DOING BUSI	AME: NINE ACRE Y NESS A 24 SUDBURY ROAD				
CITY/TOWN:	CONCORD	STATE: MA	ZIP CODE: 0174	2	
MANAGER:	TARANTO, THOMAS G	TYPE OF LICENSE: Pa	ckage Store CATEGO	ORY: Wine and Malt Regular	
EMAIL ADDR	RESS:				
FIRST FLOOF ENTIRE BUIL I hereby certify 1. the 2. the	DING and swear under penarenewed license will be licensee has complied	NT OF STORE. 2 REAR alties of perjury that: be of the same type for the	e same premises now license monwealth relating to taxes; ain below)	d;	
SIGNED BY	Individual, Pa	rtner or Authorized Corp	orate Officer		
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTI (Note: <u>NOT</u> Individual S	FICATION NUMBER: ocial Security Number)	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING A'By:	UTHORITY	
DATE:					

 $APPLICATION \ FOR \ RENEWAL \ MUST \ BE \ FILED \ BY \ LICENSEES \ DURING \ THE \ MONTH \ OF \ NOVEMBER \ (M.G.L.\ Ch.\ 138\ \$\ 16A)$



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 024400020		CITY OR TOWN CON	ICORD
APPLICATION FOR RENEWAL:	Annual	LICENSED F	OR 2013
	CLASS		YEAR
LICENSEE NAME: CONCORD PI	ROVISIONS, INC		
DOING BUSINESS A			
ADDRESS 073-75 THOREAU ST			
CITY/TOWN: CONCORD	STATE: MA	ZIP CODE: 0174	42
MANAGER: RISTUCCIA,STACE Y	TYPE OF LICENSE: Paci	cage Store CATEGO	ORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PRE	EMISES:		
FIRST FLOOR;SALES ROOM IN F WITH DOOR. CELLAR STORAGE			FORAGE
the renewed license will be the licensee has complied the premises are now open SIGNED BY	with all laws of the Comm n for business (If not expla	onwealth relating to taxes in below)	
Individual, Par	rtner or Authorized Corpor	ate Officer	
DATE: TELEPH	HONE NUMBER:	EMPLOYER IDENT (Note: NOT Individual)	TIFICATION NUMBER: Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING A By:	AUTHORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 02	24400022		CITY OR TOWN	CONCORI)
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: T	HE GRATEFUL	GOURMET, INC.			
DOING BUSINESS A	THE CHEESE S	HOP			
ADDRESS 029-31 WAI	LDEN STREET				
CITY/TOWN: CONCO	ORD	STATE: MA	ZIP CODE:	01742	
MANAGER: LOVIS,	PETER S. TY	PE OF LICENSE: F	Package Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR	E EMAIL ADDRESS		
DESCRIPTION OF LIC					
PATRON ENTRANCE USED FOR DRY GOOD				ROOMS, CI	ELLAR
3. the premises SIGNED BY	are now open for	n all laws of the Cor business (If not ex		o taxes; and	
11	idividuai, Faitile	i of Authorized Col	porate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 024400023		CITY OR TOWN	CONCORE)
APPLICATION F	OR RENEWAL:	Annual	Annual LICENSED FOR		
		CLASS			YEAR
LICENSEE NAM	E: WESTLAND I	BEVERAGES,INC			
DOING BUSINES	SS A WALDEN LI	QUORS			
ADDRESS 18 RE	EAR WALDEN ST.				
CITY/TOWN: C	ONCORD	STATE: MA	ZIP CODE:	01742	
	INDHEIM, OBERT C	TYPE OF LICENSE: Pa	ackage Store C	ATEGORY:	All Alcohol
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		1
DESCRIPTION C	OF LICENSED PRE	MISES:			
	RKING LOT AND	STREET LEVEL WIT A REAR DOOR THAT			
I hereby certify an	d swear under pena	lties of perjury that:			
•	•	e of the same type for th	e same premises now	licensed;	
2. the lice	ensee has complied	with all laws of the Com	monwealth relating t	to taxes; and	
3. the pre	mises are now open	for business (If not exp	lain below)		
SIGNED BY					
	Individual, Par	tner or Authorized Corp	orate Officer		
DATE:	TELEPH	IONE NUMBER:			ION NUMBER:
			(Note: NOT Inc	dividual Social S	ecurity Number)
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:	JII (
DISAPPROVED:			•		
(If disapproved ex	aplain)				<u></u>
DATE:					
DATE.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 024400	025	CITY OR TOWN CONCO	ORD
APPLICATION FOR RENEV	VAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: CHINC	DYNASTY INC		
DOING BUSINESS A ASIA	N GOURMET/SUSHI HOUSE		
ADDRESS 794 ELM ST			
CITY/TOWN: CONCORD	STATE: MA	ZIP CODE: 01742	
MANAGER: CHING, MIC	HAEL TYPE OF LICENSE: RO	estaurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALS	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
SECOND FLOOR.SEATING	RONT ENTRY AND REAR A' CAPACITY:TOTAL NUMBE G 45 AND SECOND FLOOR S ITCHEN.	ER OF SEAS NOT TO EXCEE	D
2. the licensee has co	ler penalties of perjury that: e will be of the same type for th mplied with all laws of the Com ow open for business (If not exp	nmonwealth relating to taxes; ar	nd
SIGNED BY Individ	ual, Partner or Authorized Corp	oorate Officer	
DATE:	ELEPHONE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
•	EBET TOTAL TANABER.	(Note: NOT Individual Soci	al Security Number)
Acts of 2004, signed by the	that we are in possession (1) the building inspector and the hea ertificate of liquor liability ins	nd of the fire department for t	he above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT By:	THORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 02440	00026	CITY OR TOWN	CONCORD	
APPLICATION FOR RENI	EWAL: Annual	LICEN	NSED FOR 2013	
	CLASS		YEAR	
LICENSEE NAME: TAI-S	SEN, INC			
DOING BUSINESS A CHA	ANG AN			
ADDRESS 10 CONCORD	CROSSING			
CITY/TOWN: CONCORD	STATE: M	IA ZIP CODE:	01742	
MANAGER: chang, tai-na	TYPE OF LICENSE	:Restaurant C	CATEGORY: All Alcoho	ol
EMAIL ADDRESS:				
	LSO VISIT OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS		
DESCRIPTION OF LICEN				
	TORY BLDG CONSISTING (IN ENTRANCE AND THREE			
ALTERED 186			2 001 (11 11 11 10 1 10	
SEATS	1 12 6 1 1			
•	nder penalties of perjury that: ase will be of the same type for	the same promises nor	v licensed:	
	complied with all laws of the C	•		
	now open for business (If not e	_	to taxes, and	
SIGNED BY				
Indiv	idual, Partner or Authorized Co	orporate Officer		
D.A.TIE				
DATE:	TELEPHONE NUMBER:		R IDENTIFICATION NUMBE	
		(Note. NOT III	dividual Social Security Number	er)
	t that we are in possession (1			1e
	e building inspector and the l certificate of liquor liability i			S
of 2010.	1	1		
Please Check Below:		LOCAL LICEN	SING AUTHORITY	
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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LICENSE NUMBER	: 024400027		CITY OR TO	WN CONCORI)
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	HOLDER, INC				
DOING BUSINESS	A VINCENZO'S	S PASTA			
ADDRESS 1200 MA	IN ST				
CITY/TOWN: CON	ICORD	STATE: MA	ZIP CODE	E: 01742	
	RCHIA, CENT C. JR.	ΓΥΡΕ OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PRE	MISES:			
ENTRANCE IN FRO	ONT OF BLDG.	ACE. ONE EXIT LOC ONE MAIN FUNCTION SEATING 94. SEASON	ON ROOM INCL	UDES KITCHEN	
	es are now open	with all laws of the Cor for business (If not exp tner or Authorized Cor	plain below)	ing to taxes; and	
	·				
DATE:	TELEPH	ONE NUMBER:		OYER IDENTIFICAT $ar{ extbf{T}}$ Individual Social S	
Acts of 2004, signed	by the building	are in possession (1) t g inspector and the he e of liquor liability ins	ad of the fire dep	partment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	:\				
(If disapproved expla	ın)				
DATE:					



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LICENSE NUMBER:	J24400029		CITY OR TOWN	CONCORD
APPLICATION FOR I	RENEWAL:	Annual	LICENSI	ED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	LA PROVENCE C	ORP.		
DOING BUSINESS A	LA PROVENCE			
ADDRESS 105-07 TH	OREAU STREET			
CITY/TOWN: CONC	CORD	STATE: MA	ZIP CODE:	01742
MANAGER: Didier,	Robert A TYP	E OF LICENSE: Rest	aurant CA	ΓEGORY: Wine and Malt Regular
EMAIL ADDRESS:				
PL	EASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LI	CENSED PREMIS	ES:		
PREMISE CONSISTS BATHRMS., 4 ENTRA TOTAL OF 4 CHAIRS OUTSIDE	ANCES/ EXITS.IN	TERIOR DOOR TO	CAFE'.2 OUTSIDE	TABLES WITH
I hereby certify and sw	ear under penalties	of perjury that:		
1. the renewed	license will be of t	he same type for the s	ame premises now li	censed;
2. the licensee	has complied with	all laws of the Comm	onwealth relating to	taxes; and
3. the premises	s are now open for	business (If not explai	n below)	
SIGNED BY	Individual, Partner TELEPHON	or Authorized Corpor	EMPLOYER I	DENTIFICATION NUMBER:
			(Note: NOT Indiv	idual Social Security Number)
Acts of 2004, signed l	y the building ins	pector and the head	of the fire departm	by Chapter 304 of the ent for the above hapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICENSIN By:	NG AUTHORITY
D A THE				
DATE:				



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LICENSE NUMBER: 024400	0030	CITY OR TOWN CONCO	ORD
APPLICATION FOR RENE	WAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: JACQ.	INC		
DOING BUSINESS A SERA	AFINA		
ADDRESS 195 SUDBURY	RD		
CITY/TOWN: CONCORD	STATE: MA	A ZIP CODE: 01742	
MANAGER: CANNAROZ SAMUEL	ZI, TYPE OF LICENSE: F	Restaurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE AL	SO VISIT OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS	
DESCRIPTION OF LICENS			
	IG ONE SERVING AREA, ON LAGE ROOM ONE ENTRANC	NE KITCHEN, ONE PREP ARE CE AND TWO EXITS	EA, ONE
3. the premises are n	ow open for business (If not excluding the Color ow open for business (If not excluding the Color of Authorized Color of Autho		nd
DATE:	ΓELEPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Soci	
Acts of 2004, signed by the	building inspector and the he	the certificate required by Cha ead of the fire department for t surance required by Chapter	the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT By:	THORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 024400031		CITY OR TOWN CONC	ORD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOI	R 2013
		CLASS		YEAR
LICENSEE NA	AME: 42 MAIN ST	TREET'S MARKET & CAF	FE, INC.	
DOING BUSI	NESS A MAIN STE	REET'S MARKET & CAFE	E	
ADDRESS 42	MAIN STREET			
CITY/TOWN:	CONCORD	STATE: MA	ZIP CODE: 01742	
MANAGER:	ANDERSON, DAVID	TYPE OF LICENSE: Res	staurant CATEGOR	RY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	N OF LICENSED P			
	R APPROX.2,500 S PACITY 50 SEATS	=	N BASEMENT APPROX. 1	,000 SQ. FT.
I hereby certify	and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now licensed	• •
2. the	licensee has complie	ed with all laws of the Comr	nonwealth relating to taxes; a	ınd
3. the	premises are now op	en for business (If not expla	ain below)	
SIGNED BY				
	Individual, I	Partner or Authorized Corpo	orate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFI	
			(Note: NOT Individual Soc	cial Security Number)
Acts of 2004,	signed by the build	ing inspector and the head	e certificate required by Ch l of the fire department for rance required by Chapter	the above
Please Check Belo	ow:		LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	i explain)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:024400033		CITY OR TO	OWN CONCOR	D.
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME:	FARFALLE,I	NC.			
DOING BUSINESS	A FARFALLE	ITALIAN MARKET			
ADDRESS 26 CONC	CORD CROSSI	NG			
CITY/TOWN: CON	ICORD	STATE: MA	ZIP COL	DE: 01742	
MANAGER: NASS	SON, GINA	TYPE OF LICENSE:	ackage Store	CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:					
		OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF I					
	THE ALCOH	H AN ENTRANCE IN I HOL WILL BE STOREI ORE SPACE			
I hereby certify and s	wear under pen	alties of perjury that:			
1. the renewe	ed license will l	be of the same type for the	ne same premise	s now licensed;	
2. the license	ee has complied	with all laws of the Con	nmonwealth rela	ating to taxes; and	
3. the premis	ses are now ope	n for business (If not ex	plain below)		
SIGNED BY	Individual De	ortner or Authorized Cor	norata Officar		
	marviquai, Pa	artner or Authorized Cor	porate Officer		
DATE:			EMD	LOVED IDENTIFICA	TION NUMBER
DATE.	TELEP	HONE NUMBER:		LOYER IDENTIFICA OT Individual Social	
			,		, ,
Please Check Below:			LOCAL LI	CENSING AUTH	IORITY
APPROVED:	\neg		By:		
DISAPPROVED: [(If disapproved expla	in)				
(ii disappioved expla	···· <i>)</i>				
DATE:					



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C	ITY OR TOWN CONCOL	KD.
Annual	LICENSED FOR	2013
CLASS		YEAR
STATE: MA	ZIP CODE: 01742	
YPE OF LICENSE: Restat	urant CATEGORY	Y: Wine and Malt Regular
WEBSITE AND ENTER YOUR EMAI	L ADDRESS	
IISES:		
		OND
es of perjury that:		
of the same type for the sa	me premises now licensed;	
th all laws of the Common	nwealth relating to taxes; and	d
or business (If not explain	below)	
er or Authorized Corpora	te Officer	
NE NUMBER:	EMPLOYER IDENTIFICA	
	(Note: NOT Individual Socia	l Security Number)
inspector and the head o	ertificate required by Chaj f the fire department for th nce required by Chapter 1	ne above
inspector and the head o of liquor liability insura	f the fire department for th	ne above 16 of the Acts
inspector and the head o of liquor liability insura	f the fire department for th nce required by Chapter 1	ne above 16 of the Acts
inspector and the head o of liquor liability insura	f the fire department for the fire department for the fire required by Chapter 1 LOCAL LICENSING AUT	ne above 16 of the Acts
inspector and the head o of liquor liability insura	f the fire department for the fire department for the fire required by Chapter 1 LOCAL LICENSING AUT	ne above 16 of the Acts
inspector and the head o of liquor liability insura	f the fire department for the fire department for the fire required by Chapter 1 LOCAL LICENSING AUT	ne above 16 of the Acts
1 ()	STATE: MA YPE OF LICENSE: Restar WEBSITE AND ENTER YOUR EMAIL IISES: SEATING FOR 27WITH S. AND SEATING ON THE es of perjury that: of the same type for the sa th all laws of the Common or business (If not explain er or Authorized Corpora	STATE: MA ZIP CODE: 01742 YPE OF LICENSE: Restaurant CATEGORY WEBSITE AND ENTER YOUR EMAIL ADDRESS IISES: SEATING FOR 27WITH STORAGE ON THE SEC S. AND SEATING ON THE OUTDOOR PATIO es of perjury that: of the same type for the same premises now licensed; th all laws of the Commonwealth relating to taxes; and or business (If not explain below) er or Authorized Corporate Officer



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LICENSE NUMBER: 024400035	(CITY OR TOWN CONCO	RD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: 80 THOREAU LLO DOING BUSINESS A 80 THOREAU	2		
ADDRESS 80 THOREAU STREET			
CITY/TOWN: CONCORD	STATE: MA	ZIP CODE: 01742	
MANAGER: CALHOUN,IAN TYP	PE OF LICENSE: Resta	urant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PREMIS APPROX.3,100 SQ. FT. ON THE SECOL 700 SQ. FT.IN THE BASSEMENT FOR DEPOT" LOCATED AT 80 THOREAU STATE THAT MAKE- ATTACHED FLOOR PLAN SHOWING AS WELL AS TWO ADDITIONAL MEA BUILDING AND EXTERIOR FIRE ESC I hereby certify and swear under penalties 1. the renewed license will be of the complex of the premises are now open for the complex of the complex	ND FLOOR USED FO STORAGE IN BLDG. ST.RESTAURANT HA- -UP THE BAR AND B THE DEDICATED EL ANS OF EGRESS ONL CAPE. of perjury that: the same type for the sa all laws of the Commo	PRDINING,BAR AND KITC KNOWN AS THE "CONC AS 74 SEAT DEDICATED BAR AREA. PLEASE SEE T NTRANCE TO THE DININ E THROUGH THE CORE (ame premises now licensed; onwealth relating to taxes; an	ORD TO THE IG ROOM OF THE
SIGNED BY Individual, Partner	or Authorized Corpora	ite Officer	
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	pector and the head o	of the fire department for t	he above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT By:	THORITY
DATE:			



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LICENSE NUMBER:	: 024400036		CITY OR TOWN CONCORD				
APPLICATION FOR	RENEWAL:	Annual	I	LICENSED FOR 2013			
		CLASS			YEAR		
LICENSEE NAME:	NTINOS PHASE II	INC.					
DOING BUSINESS A	A DINO'S KOUZINA	A & PIZZERIA					
ADDRESS 1135 MA	IN STREET						
CITY/TOWN: CON	CORD	STATE: MA	ZIP COI	DE: 01742			
MANAGER: TATA	AS, PERSE B. TYPI	E OF LICENSE: R	estaurant	CATEGORY:	Wine and Malt Regular		
EMAIL ADDRESS:							
P	LEASE ALSO VISIT OUR WEI	SSITE AND ENTER YOUR	EMAIL ADDRESS		_		
DESCRIPTION OF L	LICENSED PREMIS	ES:					
1033 SQ FT RESTAU THE LARGEST SHII DOOR							
I hereby certify and sv	wear under penalties	of perjury that:					
	ed license will be of the	• 1					
	e has complied with a			ating to taxes; and			
3. the premise	es are now open for b	ousiness (If not exp	lain below)				
SIGNED BY	Individual, Partner of	or Authorized Corp	oorate Officer				
DATE:	TELEPHONE	NIIMBER:	EMP	EMPLOYER IDENTIFICATION NUMBER:			
TEEFTIONE		i (CIVIDEI)	(Note: <u>N</u>	(Note: NOT Individual Social Security Number)			
We the undersigned Acts of 2004, signed named license and (2 of 2010.	by the building insp	pector and the hea	d of the fire d	epartment for the	above		
Please Check Below:			LOCAL L	ICENSING AUTH	ORITY		
APPROVED:		By:					
DISAPPROVED:							
(If disapproved explain	in)						